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(71) Applicant (for all designated States except US): **ITAL-FARMACO S.P.A. [IT/IT]**; Viale Fulvio Testi, 330, I-20126 Milano (IT).

(72) Inventors; and

(75) Inventors/Applicants (for US only): **MASCAGNI, Paolo [IT/IT]**; Via Dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **LEONI, Flavio [IT/IT]**; Via Dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **PORRO, Giulia [IT/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **PAGANI, Paolo [IT/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **DONA', Giancarlo [IT/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **POZZI, Pietro [IT/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **DINARELLO, Charles [US/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **FANTUZZI, Giamila [IT/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **SIEGMUND, Britta [DE/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo

(IT). **REZNIKOV, Leonid [US/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **BUFLER, Philip [DE/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **KIM, Soo-Hyun [KR/IT]**; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT).

(74) Agents: **BANFI, Paolo et al.**; Bianchetti Bracco Minoja S.r.l., Via Rossini, 8, I-20122 Milano (IT).

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(54) Title: HISTONE DEACETYLASE ENZYME-INHIBITING DERIVATIVES OF HYDROXAMIC ACID AS NEW CYTOKINE SYNTHESIS-INHIBITING ANTI-INFLAMMATORY DRUGS

(57) Abstract: The use of derivatives of hydroxamic acid having histone deacetylase enzyme-inhibiting activity for the preparation of anti-inflammatory medicaments is disclosed.

**HISTONE DEACETYLASE ENZYME-INHIBITING DERIVATIVES OF
HYDROXAMIC ACID AS NEW CYTOKINE SYNTHESIS-INHIBITING
ANTI-INFLAMMATORY DRUGS**

This invention relates to the use of hydroxamic acid derivatives having histone deacetylase enzyme-inhibiting activity for the preparation of anti-inflammatory medicaments.

Some derivatives of hydroxamic acid which inhibit histone deacetylases are known. Those which have been most extensively studied are suberoylanilide hydroxamic acid (SAHA), N-hydroxy-3-[3-(hydroxyamino)-3-oxo-1-propenyl]-benzamide (CBHA) and trichostatin (TSA). Other derivatives are described in Proc. Natl. Acad. Sci. USA 95, 3003-3007, 1998; Tumori, 2001 Nov-Dec, 87 (6): S12-4; Anticancer Drugs, 2002 Jan, 13 (1): 1-10; Nature Rev Cancer, 2001 Dec, 1 (3): 194-202; Curr Opin Oncol, 2001 Nov. 13 (6): 477-83; Cancer Chemother Pharmacol, 2001, Aug, 48 Suppl 1:S20-6; Cancer Chemother Pharmacol, 2001 Aug, 48 Suppl 1:S17-9; Haematologica, 2001 Sep; 86 (9): 908-17.

These compounds have mainly been studied as potential anti-tumoral drugs: trichostatin, an antifungal antibiotic isolated from *Streptomyces hygroscopicus*, is a potent inducer of murine erythroleukaemic cell differentiation (Cancer Res. 47, 3288-3691, 1987), while SAHA and CBHA have been studied by the Sloan Kettering Institute (WO 95/31977) as tumour cell differentiation inducing agents.

The therapeutic use of histone deacetylase inhibitors to treat tumours is described in Anticancer Res. 20, 1471-1486, 2000 and Exp.Opin.Invest. Drugs 8(10),1611-1621,1999.

It has now been found that the known derivatives of hydroxamic acid having histone deacetylase inhibiting activity, especially trichostatin and

SAHA, inhibit the synthesis of pro-inflammatory cytokines, and can therefore be used to treat disorders which can be alleviated by inhibiting those cytokines. Examples of such disorders, with an inflammatory and/or autoimmune basis, include multiple sclerosis, Crohn's disease and ulcerative colitis, atherosclerosis, rheumatoid arthritis, psoriasis, spondyloarthropathies (anterior spondylitis, psoriatic arthritis, arthritis connected to ulcerative colitis), AIDS-related neuropathies, asthma, chronic obstructive lung diseases, bronchitis, pleuritis, acute and chronic hepatitis (either viral, bacterial or toxic), acute glomerulonephritis and, broadly speaking, all disorders with an inflammatory component

For the therapeutic uses considered, the hydroxamic acid derivatives will be administered at doses ranging between 1 and 500 mg one or more times a day, depending on the disorder concerned and the pharmacotoxicological characteristics of the compound in question, which can be administered in the form of suitable oral, parenteral or topical formulations.

The following examples illustrate the invention in greater detail.

EXAMPLE 1- Inhibition of cytokine production *in vitro*

The treatment of lymphocytes with lipopolysaccharide (LPS) induces the production of various pro-inflammatory cytokines, such as TNF α , IL-1 β and IFN γ (J. Biol. Chem. 1990; 265(18): 10232-10237; Science, 1998; 281:1001-1005).

The effect of SAHA and TSA has been studied by evaluating the inhibitory effect of the compound on cytokine production by peripheral blood mononuclear cells (PBMC) from healthy volunteers (2 to 6 donors), stimulated with LPS.

Samples of peripheral blood or buffy coats from healthy volunteers were used. The samples were separated by centrifugation on density gradient

using Ficoll-Hypaque, and the PBMCs thus obtained were seeded in 96-well dishes (500,000 cells/well), incubated for 60 minutes with SAHA or TSA at various doses, and then stimulated with LPS from *E. coli* O55:B5 (10 ng/ml) for 24 hours in the presence of the compound. At the end of the treatment the 5 pro-inflammatory cytokines TNF α , IL-1 β were measured by means of an electrochemiluminescence assay (ECL) using specific commercial antibodies.

Interferon γ (IFN γ) was measured with a commercially available ELISA assay.

Cytokine IFN γ is produced by the T lymphocytes following their 10 stimulation by pro-inflammatory cytokines, especially IL-12 and IL-18 (Dinarello C. A. and Moldawer L. L. Proinflammatory and anti-inflammatory cytokines in rheumatoid arthritis. A primer for clinicians. 2nd Edition, Amgen Inc., 2000).

The effect of SAHA and TSA on IFN γ synthesis induced by stimulating 15 PBMCs with IL-12 and IL-18 *in vitro* was evaluated on this basis. PBMCs were seeded in round-bottomed 96-well dishes (500,000 cells/dish), and incubated with various doses of SAHA or TSA for 60 minutes. At the end, the cells were stimulated for 48 hours in the presence of the compound by simultaneous addition of recombinant IL-12 (10 ng/ml) and recombinant IL- 20 18 (20 ng/ml). The quantity of IFN γ produced was determined with a commercial ELISA assay.

The effect of the various doses of SAHA and TSA was measured as the percentage inhibition of production of the cytokine in question compared with untreated control cells. The concentration able to induce 50% inhibition of 25 cell growth (IC₅₀) was determined by linear regression.

The results are summarised in the table below:

Cytokine	SAHA IC ₅₀ (nM)	TSA IC ₅₀ (nM)
TNF α	200	50
IL-1 β	100	100
IFN γ	50	10
IFN γ (from IL-12 + IL-18)	740	490

These results clearly indicate that SAHA and TSA inhibit synthesis of all the inflammatory cytokines induced by LPS with an IC₅₀ in the nanomolar range (50-200nM).

SAHA and TSA also inhibit the synthesis of IFN γ by the T lymphocyte cells, as demonstrated by their efficacy (IC₅₀ 740 nM and 490 nM respectively) when the stimulus used was the combination of IL-12 and IL-18 specific for that cell line.

EXAMPLE 2 - Inhibition of cytokine production *in vivo*

Systemic administration of LPS to laboratory animals is known to induce rapid, massive production of pro-inflammatory cytokines (Immunopharmacol. 1992; 14(6): 1045-1050).

Female BALB/c mice (20-22 grams) were treated orally with SAHA at the various doses indicated, then treated after 60 minutes with LPS from *E. Coli* O55:B5 (30 mg/Kg intraperitoneally). 90 minutes after the endotoxin administration, blood samples were taken from all the treated animals (10 animals/group), and the cytokines were measured with commercial ELISA assays.

The results are set out in the table below, and expressed as the percentage inhibition of production of the cytokine in question:

They were fed standard mice chow pellets ad libitum, had free access to tap water supplied in bottles, and were acclimatized to the conditions at least seven days before they were used in experiments. Mice were killed by cervical dislocation under isoflurane anesthesia (Fort Dodge, Iowa City, IA).

5 Mice were fed 3.5% dextran sulfate sodium (DSS; molecular weight 40 kDa; ICN, Aurora, OH) dissolved in sterile, distilled water ad libitum from day one to five followed by a five day observation period. SAHA was administered once daily orally (p. o.) in a total volume of 200 µl and a concentration of 10 mg/kg body weight (BW) throughout the experiment (day
10 1 to 10). Control mice had free access to water and received either SAHA (10 mg/kg BW) or water p. o. once daily for 10 days.

Body weights, occult blood or the presence of gross blood per rectum, and stool consistency were determined daily. Two investigators blinded to the protocol assessed the clinical score (table 1). Weight loss < 1% compared to
15 day 1 was counted as 0 points, weight loss of 1 to < 5% as 1 point, 5 to < 9.9% as 2 points, 10 to 20% as 3 points and more than 20% as 4 points. For stool consistency, 0 points were given for well-formed pellets (formed), 2 points for pasty and semi-formed stools which did not stick to the anus (soft), and 4 points for liquid stools that did stick to the anus (diarrhea). Bleeding
20 was scored 0 points for no blood in hemoccult, 2 points for positive hemoccult, and 4 points for gross bleeding. These scores (body weight, stool consistency, rectal bleeding) were added and divided by 3 resulting in a total clinical score ranging from 0 (healthy) to 4 (maximal activity of colitis).

Post mortem (on day 10), the entire colon was removed from the
25 caecum to the anus and the colon length was measured as an indirect marker of inflammation. Colon length has been shown to be a reliable parameter in this model as DSS-induced colitis is associated with colon shortening as described previously [Gastroenterology, 1990, 98,:694; J. Pharmacol.Exp.Ther.,

2001, 296:99-105].

From the results, reported in the following Tables 1-6, it is evident that SAHA effectively counteracts dextran-induced colitis, a valid and established model of inflammatory bowel diseases in humans.

5 Table 1. Clinical activity score [Lab. Invest., 1993, 69:238-249].

Score points	Weight loss	Stool consistency	Rectal bleeding
0	0%	Formed	Negative hemoccult
1	(>0%) <5%		
2	5-9.9%	Soft	Positive hemoccult
3	10-20%		
4	>20%	Diarrhea	Macroscopic bleeding

Table 2. Weight

Group	Days									
	1	2	3	4	5	6	7	8	9	10
DSS + SAHA	19.1±0.2	18.8±0.2	19.1±0.3	18.4±0.4	18.4±0.4	18.7±0.3	18.0±0.4	16.9±0.3	16.6±0.4	16.6±0.4
DSS + water	18.7±0.5	19.0±0.5	19.4±0.5	18.9±0.5	18.9±0.5	18.8±0.6	18.8±0.6	16.6±0.5	16.8±0.5	16.8±0.5
SAHA	18.9±0.3	18.8±0.4	18.9±0.2	18.9±0.3	19.0±0.1	19.0±0.3	18.9±0.1	19.0±0.3	19.1±0.1	19.1±0.2
Water	19.0±0.2	19.0±0.3	18.9±0.1	19.0±0.2	19.0±0.4	19.0±0.2	19.1±0.2	19.1±0.1	19.1±0.3	19.1±0.1

Table 3. Stool consistency as score

Group	Days									
	1	2	3	4	5	6	7	8	9	10
DSS + water	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.4 ± 0.4	1.2 ± 0.4	2.0 ± 0.0	2.0 ± 0.0	2.0 ± 0.0	1.6 ± 0.4	1.6 ± 0.4
DSS + SAHA	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.8 ± 0.4	0.8 ± 0.4	2.0 ± 0.0	2.0 ± 0.0	1.2 ± 0.4	1.2 ± 0.4
SAHA	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0
Water	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0

Table 4. Bleeding

Group	Days									
	1	2	3	4	5	6	7	8	9	10
DSS + water	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.8 ± 0.4	1.6 ± 0.4	2.8 ± 0.4	2.0 ± 0.0	2.0 ± 0.0	2.0 ± 0.0	1.6 ± 0.4
DSS + SAHA	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	1.2 ± 0.4	2.4 ± 0.4	2.0 ± 0.0	1.6 ± 0.4	1.2 ± 0.4	0.8 ± 0.4
SAHA	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0
Water	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0

Table 5. Complete clinical score

Group	Days									
	1	2	3	4	5	6	7	8	9	10
DSS + water	0.0 ± 0.0	0.3 ± 0.1	0.2 ± 0.1	0.8 ± 0.1	1.1 ± 0.2	2.1 ± 0.1	2.0 ± 0.1	2.1 ± 0.1	2.0 ± 0.1	1.9 ± 0.2
DSS + SAHA	0.0 ± 0.0	0.0 ± 0.0	0.1 ± 0.1	0.2 ± 0.1	0.7 ± 0.3	1.3 ± 0.3	1.5 ± 0.1	1.9 ± 0.1	1.5 ± 0.4	1.3 ± 0.4
SAHA	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.1	0.0 ± 0.0
Water	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0

Table 6. Colon length

Group	Colon length (cm)
DSS + water	7.6 ± 0.2
DSS + SAHA	9.2 ± 0.2
SAHA	10.1 ± 0.2
Water	10.5 ± 0.3

EXAMPLE 7

5 A series of hydroxamic acid derivatives described in EP 901465 were subjected to the histone deacetylase (HDAC) and TNF α inhibition tests in accordance with the methods described by Lechner et al., Biochim Biophys. Acta 1996, 1296, 181-188 and Moreira A.L. et al., J. Exp. Med. 1993, 177, 1657-1680 respectively.

10 The results, set out in the following table, show that a linear correlation exists between the ability of these compounds to inhibit the synthesis of TNF α and their inhibition of HDAC activity.

	General structure	HDAC		TNF	
		R	IC50 nM	Potency	IC50 nM
1			20,0	100,00	7,0
2			62,0	32,26	10,2
3			65,0	30,77	10,3
4			78,0	25,64	11,2
5			46,7	42,86	12,7
6			80,0	25,00	50,0
7			91,0	21,98	65,5
8			133,3	15,00	67,8
9			600,0	3,33	159,1
10			105,0	19,05	159,1
11			8,1	246,91	159,1
12			260,0	7,69	230,0
13			260,0	7,69	270,0
14			85,7	23,08	300,0
15			206,7	9,68	1000,0
					0,70

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CLAIMS

1. The use of hydroxamic acid derivatives having histone deacetylase inhibiting activity for the preparation of anti-inflammatory medicaments.
- 5 2. Use as claimed in claim 1, wherein the derivatives are selected from suberoylanilide hydroxamic acid (SAHA), N-hydroxy-3-[3-(hydroxyamino)-3-oxo-1-propenyl]-benzamide (CBHA) and trichostatin (TSA).
3. Use as claimed in claim 2, wherein the derivatives are selected from suberoylanilide hydroxamic acid (SAHA) and trichostatin (TSA).
- 10 4. Use as claimed in claim 1 or 2 for the preparation of medicaments for the treatment of multiple sclerosis, Crohn's disease and ulcerative colitis, atherosclerosis, rheumatoid arthritis, psoriasis, spondyloarthropathies (anchoisating spondilitis, psoriatic arthritis, arthritis connected to ulcerative colitis), AIDS-related neuropathies, asthma, chronic obstructive lung diseases,
- 15 bronchitis, pleuritis, acute and chronic hepatitis (either viral, bacterial or toxic), acute glomerulonephritis.

1/2

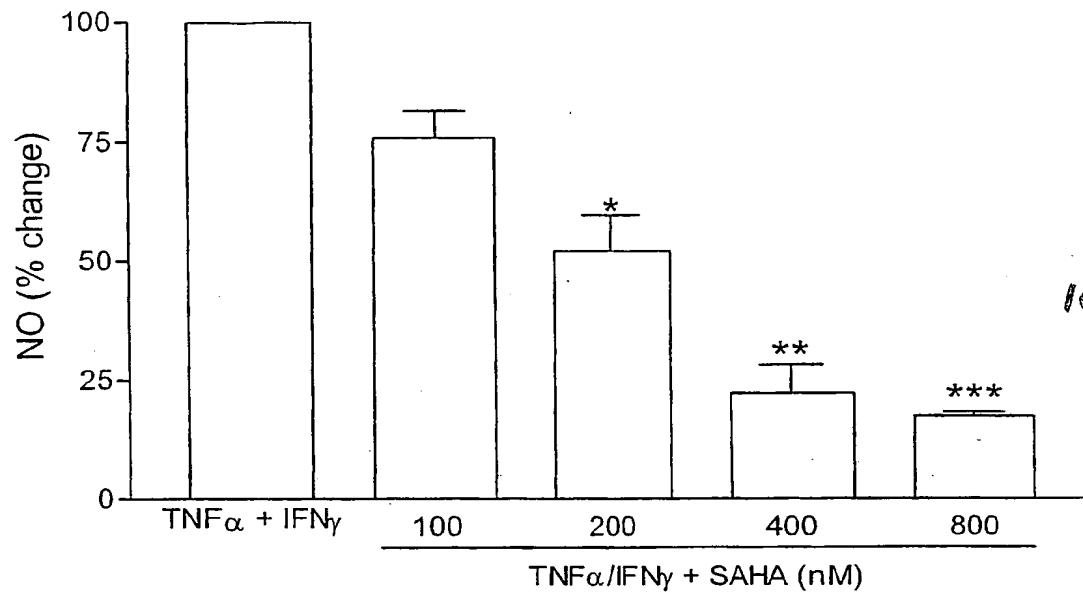


Fig. 1

212

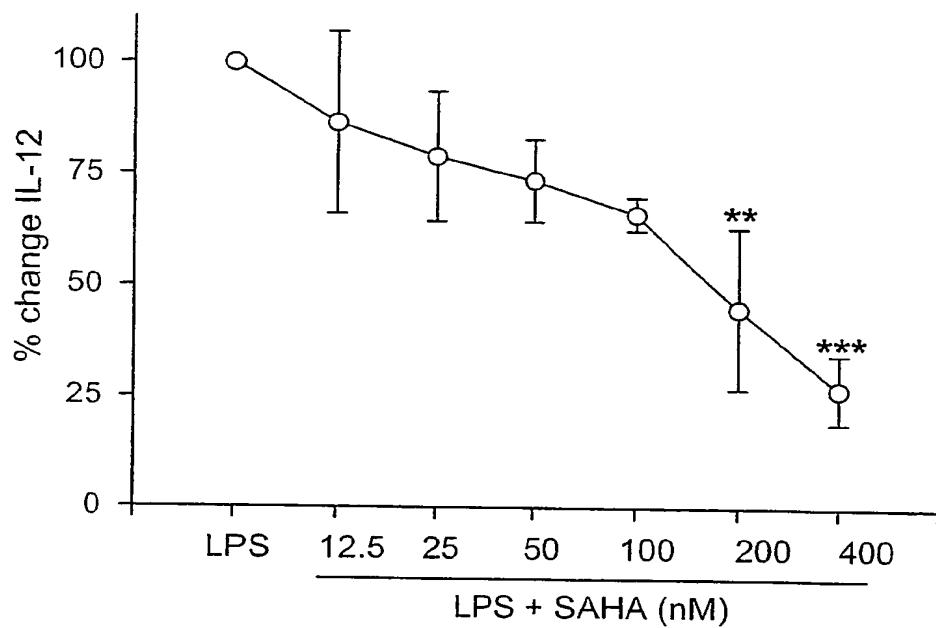


Fig. 2

INTERNATIONAL SEARCH REPORT

International Application No
PCT/EP 02/08379

A. CLASSIFICATION OF SUBJECT MATTER					
IPC 7	A61K31/166	A61P19/02	A61P25/02	A61P29/00	A61P1/04
	A61P9/10	A61P11/00	A61P11/06	A61K31/165	

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, BIOSIS, CHEM ABS Data, WPI Data, PAJ, EMBASE

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
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X	HUANG N ET AL: "INHIBITION OF IL-8 GENE EXPRESSION IN CACO-2 CELLS BY COMPOUNDS WHICH INDUCE HISTONE HYPERACETYLATION" CYTOKINE, ACADEMIC PRESS LTD, PHILADELPHIA, PA, US, vol. 9, no. 1, January 1997 (1997-01), pages 27-36, XPO01013211 ISSN: 1043-4666 abstract page 28, column 1, line 14-17	1-4

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

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Date of the actual completion of the international search

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Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,
Fax: (+31-70) 340-3016

Authorized officer

Ansaldo, M

INTERNATIONAL SEARCH REPORT

International	Application No
PCT/EP	02/08379

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	MISHRA NILAMADHAB ET AL: "Histone deacetylase inhibitor Trichostatin A as a strong candidate for treatment of systemic lupus erythematosus." FASEB JOURNAL, vol. 15, no. 5, 8 March 2001 (2001-03-08), page A1214 XP009002039 Annual Meeting of the Federation of American Societies for Experimental Biology on Experimental Biology 2001; Orlando, Florida, USA; March 31-April 04, 2001 ISSN: 0892-6638 abstract	1-4
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INTERNATIONAL SEARCH REPORT

Information on patent family members

International PCT/EP	Application No 02/08379
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54, I-20092 Cinisello Balsamo (IT). **KIM, Soo-Hyun** [KR/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT).

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(74) Agents: **PISTOLESI, Roberto et al.**; Dragotti & Associati Srl, Galleria San Babila 4/C, I-20122 Milano (IT).

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(71) Applicant (*for all designated States except US*): **ITALFARMACO S.P.A.** [IT/IT]; Viale Fulvio Testi, 330, I-20126 Milano (IT).

(72) Inventors; and

(75) Inventors/Applicants (*for US only*): **MASCAGNI, Paolo** [IT/IT]; Via Dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **LEONI, Flavio** [IT/IT]; Via Dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **PORRO, Giulia** [IT/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **PAGANI, Paolo** [IT/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **DONA', Giancarlo** [IT/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **POZZI, Pietro** [IT/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **DINARELLO, Charles** [US/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **POMERANTZ, Benjamin** [US/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **FANTUZZI, Giamila** [IT/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **SIEGMUND, Britta** [DE/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **REZNIKOV, Leonid** [US/IT]; Via dei Lavoratori, 54, I-20092 Cinisello Balsamo (IT). **BUFLER, Philip** [DE/IT]; Via dei Lavoratori,

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(54) Title: HISTONE DEACETYLASE ENZYME-INHIBITING DERIVATIVES OF HYDROXAMIC ACID AS NEW CYTOKINE SYNTHESIS-INHIBITING ANTI-INFLAMMATORY DRUGS

(57) Abstract: The use of derivatives of hydroxamic acid having histone deacetylase enzyme-inhibiting activity for the preparation of anti-inflammatory medicaments is disclosed.

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